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APPLICANTS

Leslie A. Beben, Sumpter, SC;

**** CONTINUING DATA *******

This appln claims benefit of 60/442,480 01/27/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SC	SHEETS DRAWING 3	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Leslie A. Beben
 5805 Brookland Drive
 Sumter ,SC 29154

TITLE

Apparatus for pericardial augmentation

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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